

PROSTATE CANCER

Statins reduce mortality risk

The latest, and the largest, study to date on the effects of statin use on outcomes for patients with prostate cancer shows reductions in the risk of cancer-specific and all-cause mortality. In this population-based retrospective cohort study, data regarding statin use before and after the diagnosis of nonmetastatic prostate cancer were collected for 11,772 men in the UK.

Diagnoses were made between 1998 and 2009, and, by October 2012, after a mean follow-up time of 4.4 years, 3,499 deaths had occurred, 1,791 from prostate cancer. Relative to men without postdiagnostic statin use, reductions in cancer-specific mortality were seen in men taking statins after diagnosis (HR 0.76, 95% CI 0.66–0.88). In this group with postdiagnostic use, risk reductions differed in men with and without prediagnostic statin use (HR 0.55, 95% CI 0.41–0.74 and HR 0.82, 95% CI 0.71–0.96, respectively).

All-cause mortality was also lower in all three of these groups (HR 0.86, 95% CI 0.78–0.95; HR 0.66, 95% CI 0.53–0.81;

and HR 0.91, 95% CI 0.82–1.01, respectively). Analysis of the study data also showed a dose-response relationship, with longer durations of statin use and higher cumulative doses associated with reduced risk of death.

The study was designed to address perceived failings of previous studies, by considering a large cohort and using time-dependent Cox proportional hazards models, taking into account the latency of statin effects and the effect of prediagnostic statin use.

Evidence to support the benefits of statin use in patients with prostate cancer has been accumulating for some time. It remains to be seen whether randomized controlled trials will ultimately support the use of statins in an adjuvant setting.

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Original article Yu, O. *et al.* Use of statins and the risk of death in patients with prostate cancer. *J. Clin. Oncol.* doi:10.1200/JCO.2013.49.4757